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1924.

**HERTFORDSHIRE COUNTY COUNCIL.**

**ANNUAL REPORT**

**ON**

**SCHOOL HEALTH**

**(SEVENTEENTH)**

**CONCERNING PUBLIC ELEMENTARY SCHOOLS IN**

**HERTFORDSHIRE**

**RELATING TO THE YEAR**

**1924**

**BY**

**H. HYSLOP THOMSON,**

**M.D., D.P.H.,**

**School Medical Officer and County Medical Officer of Health.**

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# MEDICAL INSPECTION STAFF.

*School Medical Officer.*

**H. HYSLOP THOMSON, M.D., D.P.H.**

*County Medical Office, Hertford.*

*Assistant School Medical Officers.*

- AVELING, K. J., M.B., B.S.,** Bushey Urban.  
**M.R.C.S., M.R.C.P.**  
*Chalk Hill, Watford.*
- \* **BALLANCE, A. C., B.Ch.** ... Hatfield and Welwyn Rural.  
*North Place, Hatfield.*
- BUCHANAN, J., M.B.** ... Watford Borough (part of).†  
*20, Station Road, Watford.*
- \* **CLARKE, A. E., M.D., M.R.C.S.** Rickmansworth Urban.  
*Rickmansworth.*
- \* **COX, W. J., M.B., D.P.H.** ... Watford Borough (part of).‡  
*Municipal Offices, Watford.*
- \* **DUNN, R. A., M.D., D.Hy.** ... Bishop's Stortford, Hertford, Hoddesdon and  
Ware Urban, and Hertford and Ware  
Rural (part of).||
- EVANS, R., D.Sc., M.B.** ... Chorleywood Urban.  
*Croxley Green.*
- EWING, A. W., B.A., M.R.C.S.** Buntingford, Hadham (part of)§ and Ware  
Puckeridge. (part of).||
- \* **FRASER, H., M.B., C.M.** ... Harpenden Urban.  
*Harpenden.*
- \* **GROSVENOR, A. A., M.D.** ... Stevenage Urban.  
*Stevenage.*
- GILROY, E. W., M.D., B.S.** ... Hemel Hempstead Rural (part of) and  
Hemel Hempstead. Watford Rural (part of).‡
- \* **HARDIE, C. F., M.A., M.B.,** Barnet Urban.  
**L.R.C.P.**  
*Highfield, Wood Street, Barnet.*
- \* **MACFADYEN, N., M.B.,** Hitchin, Letchworth and Royston Urban,  
M.R.C.S., D.P.H. Ashwell and Hitchin Rural.  
*Letchworth.*
- \* **McCLYMONT, J., M.D.** ... Cheshunt Urban.  
*Enfield.*
- \* **PATON, R. R. K., M.B., Ch.B.,** St. Albans City and Rural.  
**D.P.H.**  
*96 Victoria Street, St. Albans.*
- RECKITT, E. B., M.B., B.Ch.** Sawbridgeworth Urban and Hadham Rural  
*Little Hadham.* (part of).§
- \* **ROSE, A., M.A., M.B., Ch.B.** ... East Barnet Valley and Barnet Rural.  
*Cranbourne House, Station Road,*  
*New Barnet.*
- SHADBOLT, L. P., L.R.C.P.** ... Hemel Hempstead Rural (part of) and  
*Bushey Grove, Watford.* Watford Rural (part of).\*\*
- \* **SUGGIT, B., M.B., C.H.B.** ... Baldock Urban.  
*Baldock.*
- TURNER, J. W., M.R.C.S.,** Berkhamstead and Tring Urban, and  
**L.R.C.P.** Berkhamstead Rural.  
*Sherwood House, Berkhamstead.*

## SCHOOL-NURSING STAFF.

**FOUR HEALTH VISITORS and SCHOOL NURSES.**

**88 NURSES** of Local Nursing Associations.

\* Medical Officer of Health.

† Alexandra, Callow Land, St. Andrew's, and Victoria C.C. Schools.

§ High Wych, Allen's Green, and Thorley under Dr. Reckitt, rest of Hadham R.D. under Dr. Ewing.

|| Little Munden, Puckeridge C.E., Puckeridge R.C., and Standon under Dr. Ewing, rest of Ware R.D. under Dr. Dunn.

‡ Bechen Grove C.C., Central C.C., Chater C.C., Parkgate Road C.C., Field C.C., Holy Rood R.C., Oxhey C.C., and Defective Schools.

† Bovingdon C.C., Bourne End C.E., Flamstead C.C., Gt. Gaddesden C.E., Gt. Gaddesdon Row C.E., Chipperfield, Markyate Sebright, Markyate Street, Leverstock Green and Nash Mills.

\*\* Kings Langley C.E., Kings Langley C.C., Abbots Langley C.E., Bedmond, Langleybury C.E., Aldenham C.E., Radlett C.E., West Hyde C.C., Sarratt C.E., Leavesden C.E.

# Annual Report on School Health.

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## CHAPTER I.—ADMINISTRATION.

The following Report, which is the seventeenth of its series, gives particulars of the work of School Medical Inspection and of the treatment of defects in school children carried out during the year.

During the year Dr. Rose was appointed Assistant School Medical Officer for the New Barnet District.

In the following tables particulars are given of the work of the respective Assistant School Medical Officers during the year.

Table II gives information regarding the actual number of inspections and visits to schools made by the Assistant School Medical Officers during the year. If the various columns are referred to it will be seen that with one or two exceptions the work in connexion with school medical inspection estimated as necessary during the year has been more than overtaken by the Assistant School Medical Officers. Column 6 does not convey information regarding all the school visits made during the year, as schools are not infrequently visited without the fact being recorded as an official visit.



**TABLE I.—Areas of Assistant School Medical Officers.**

Districts.	Acreage.	Estimated Population, 1924.	Average Number of Children on Books.	Assistant School Medical Officer.
<i>Urban.</i>				
1 Baldock ... ..	362	2,694	407	Suggit, B.
2 Barnet... ..	3,114	12,070	1,311	Hardie, C. F.
3 Berkhamstead ...	1,208	7,434	704	Turner, J. W.
4 Bishop's Stortford	3,371	8,764	933	Dunn, R. D.
5 Bushey ... ..	3,081	8,320	913	Aveling, K. J.
6 Cheshunt ... ..	8,479	14,250	1,975	McClymont, J.
7 Chorleywood ...	1,989	2,458	194	Evans, R.
8 East Barnet Valley	2,644	14,120	1,518	Rose, A.
9 Harpenden... ..	1,633	6,655	652	Fraser, H.
10 Hemel Hempstead	7,184	14,080	...	..
11 Hertford ... ..	1,501	10,910	1,320	Dunn, R. A.
12 Hitchin ... ..	3,675	13,380	1,593	Macfadyen, N.
13 Hoddesdon... ..	1,576	5,489	756	Dunn, R. A.
14 Letchworth ...	3,652	11,530	1,713	Macfadyen, N.
15 Rickmansworth...	2,790	8,374	912	Clark, A. E.
16 Royston ... ..	1,003	3,769	428	Macfadyen, N.
17 St. Albans ... ..	2,703	25,930	3,200	Paton, R. R. K.
18 Sawbridgeworth	2,678	2,347	371	Reckitt, E. B.
19 Stevenage ... ..	4,545	5,091	603	Grosvenor, A. A.
20 Tring ... ..	4,407	4,272	542	Turner, J. W.
21 Ware ... ..	629	6,030	924	Dunn, R. A.
22 Watford ... ..	2,238	48,628	5,823	{ Buchanan, J. Cox, W. J.
Total Urban ...	64,462	236,595	26,792	
<i>Rural.</i>				
1 Ashwell ... ..	22,049	3,601	417	Macfadyen, N.
2 Barnet ... ..	9,216	4,761	530	Rose, A.
3 Berkhamstead ...	18,383	4,752	620	Turner, J. W.
4 Buntingford ...	28,470	4,970	754	Ewing, A. W.
5 Hadham ... ..	25,468	5,433	658	{ " " " " " "
6 Hatfield ... ..	23,486	8,573	1,182	Reckitt, E. B.
7 Hemel Hempstead	19,994	7,252	967	Ballance, A. C.
8 Hertford ... ..	33,468	7,217	996	{ Gilroy, E. W.
9 Hitchin ... ..	55,174	13,510	1,910	Shadbolt, L. P.
10 St. Albans ... ..	37,066	15,480	1,421	Dunn, R. A.
11 Ware ... ..	33,953	11,430	1,389	Macfadyen, N.
12 Watford ... ..	26,854	16,445	1,048	Paton, R. R. K.
13 Welwyn ... ..	6,480	4,181	579	{ Dunn, R. A. Ewing, A. W. Shadbolt, L. P. Gilroy, E. W. Ballance, A. C.
Total Rural ...	340,061	107,605	12,471	
Total for County	404,523	344,200	39,263	

TABLE II.—Medical Inspection and Visits, 1924.

	(1) Number of Schools.	(2) Average number of Children on Books.	(3) Estimated number of Inspections re- quired.	(4) Actual number of Inspections made.	(5) Minimum number of School-visits re- quired, one per term.	(6) Number of School- visits paid.
Dr. Aveling ... ..	4	913	281	315	12	19
Dr. Ballance ... ..	16	1,761	541	620	48	48
Dr. Buchanan ... ..	4	2,843	875	966	12	63
Dr. Clarke ... ..	4	912	281	217	12	8
Dr. Cox ... ..	8	2,980	917	834	24	38
Dr. Dunn ... ..	46	5,990	1,843	1,972	138	146
Dr. Evans ... ..	2	194	60	85	6	3
Dr. Ewing ... ..	21	1,617	497	612	63	72
Dr. Fraser ... ..	3	652	201	189	9	15
Dr. Gilroy ... ..	10	977	301	236	30	6
Dr. Grosvenor ... ..	2	603	186	221	6	9
Dr. Hardie ... ..	7	1,311	402	412	21	11
Dr. Macfadyen ... ..	45	6,061	1,865	1,821	135	178
Dr. McClymont ... ..	10	1,975	608	705	30	35
Dr. Paton ... ..	24	4,503	1,386	1,328	72	119
Dr. Reckitt ... ..	6	494	152	215	18	22
Dr. Rose ... ..	9	2,048	630	745	27	16
Dr. Shadbolt ... ..	10	1,156	356	402	30	14
Dr. Suggitt ... ..	2	407	125	140	6	12
Dr. Turner ... ..	12	1,866	574	605	36	17
Totals ... ..	245	39,263	12,081	12,640	735	851



The children detailed for inspection during 1925 are :—

- (a) those newly admitted to school life,
- (b) those born in the year 1917,
- (c) those born in the year 1913,
- (d) those not previously inspected and known about to leave school.

**TABLE III.—Inspections, Refusals, and Presence of Parents, 1924.**

Sex.	District.	Inspections.			Total.	Refusals.	Percentage.	Parents present.	Percentage.*
		Entrants.	Born in 1916.	Born in 1912 and Leavers.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Boys	Urban	1232	1573	1546	4351	1	·02	534	43·6
	Rural	612	754	793	2159	1	·05	176	28·7
	Urban and Rural	1844	2327	2339	6510	2	·03	710	38·5
Girls	Urban	1110	1499	1519	4128	9	·2	502	45·2
	Rural	527	762	713	2002	—	—	134	25·4
	Urban and Rural	1637	2261	2232	6130	9	·2	636	38·8
Boys and Girls	Urban	2342	3072	3065	8479	10	·12	1036	44·2
	Rural	1139	1516	1506	4161	1	·02	310	27·2
	Urban and Rural	3481	4588	4571	12640	11	·09	1346	38·7

\* Percentage of parents present at first inspections.

Table III gives the number of children examined in the various age groups. These groups are entrants, children 8 years of age, children 12 years of age, and leavers who were not previously examined at the age of 12. The number of refusals was eleven, two boys and nine girls, compared with six last year, the percentage being ·09 compared with ·04 last year. The percentage of parents present at the medical inspections has increased, being 38·7, compared with 36·7 for 1923.

## CHAPTER II.—PHYSICAL RECORDS &amp; DEFECTS.

The number of children inspected during 1924 was 12,640, compared with 12,850 for the previous year. The average number of children on the books was less than last year, being 39,263, compared with 41,203. The number of schools included in the scheme of inspection was less than last year, being 245 compared with 248 for 1923. There has been no change in the system adopted for recording the results of inspection.

**TABLE IV.—Defects and Directions, 1924.**

Sex.	District.	Total Inspections.	Defects for which directions were given.			
			Number of Cases.	Percentage.	Number of Directions given.	Percentage.
Boys	Urban	4351	1234	28·4	1814	41·7
	Rural	2159	781	36·2	1243	57·6
	Urban and Rural	6510	2015	30·9	3057	46·9
Girls	Urban	4128	1236	29·9	1816	44·0
	Rural	2002	813	40·6	1230	61·4
	Urban and Rural	6130	2049	33·4	3046	49·7
Boys and Girls	Urban	8479	2470	29·1	3630	42·8
	Rural	4161	1594	38·3	2473	59·4
	Urban and Rural	12640	4064	32·1	6103	48·3

Table IV gives particulars of the inspections in relation to district and sex, and of the percentage of defects and directions given. Of the total number of children examined, defects for which directions were given were found in 4,064, or 32·1 per cent, compared with 34·5 for the previous year. The number of directions given with a view to the treatment or correction of minor ailments and defects was 6,103, compared with 6,671 last year.



**TABLE V.—Return of Defects found in the course of the Medical Inspection of 12,640 children in 1924.**

Defects or Disease.				Boys.		Girls.		Total.		Percentage.	
				Number referred for Treatment.	Number requiring to be kept under Observation.	Number referred for Treatment.	Number requiring to be kept under Observation.	Total number referred for Treatment.	Total number requiring to be kept under Observation.	Percentage referred for Treatment.	Percentage requiring to be kept under Observation.
	Malnutrition ...	...	...	89	362	60	335	149	697	1·2	5·5
	Uncleanliness—										
	Head ...	...	...	49	46	227	105	276	151	2·2	1·2
	Body ...	...	...	122	114	107	76	229	190	1·8	1·5
Skin	Ringworm—										
	Head ...	...	...	3	2	5	1	8	3	·06	·02
	Body ...	...	...	—	—	—	—	—	—	—	—
	Scabies ...	...	...	13	1	3	—	16	1	·1	·01
	Impetigo ...	...	...	10	5	12	4	22	9	·2	·07
	Other diseases ...	...	...	15	12	10	11	25	23	·2	·2
Eye	Defective vision ...	...	...	236	224	252	243	488	467	3·9	3·7
	Squint ...	...	...	46	31	32	34	78	65	·6	·5
	External eye diseases ...	...	...	24	16	35	22	59	38	·5	·3
Ear	Defective hearing ...	...	...	24	75	25	44	49	119	·4	·9
	Ear diseases ...	...	...	19	12	34	22	53	34	·4	·3
Nose and Throat	Enlarged tonsils only ...	...	...	349	677	352	665	701	1342	5·5	10·6
	Adenoids only ...	...	...	96	76	78	58	174	134	1·4	1·07
	Enlarged tonsils and adenoids ...	...	...	181	125	200	132	381	257	3·01	2·03
	Other conditions ...	...	...	—	—	—	—	—	—	—	—
	Enlarged cervical glands (non tuberculosis) ...	...	...	341	730	312	548	653	1278	5·2	10·1
	Defective speech ...	...	...	20	38	12	24	32	62	·3	·5
	Teeth—Dental diseases ...	...	...	1273	1042	1267	1024	2540	2066	20·1	16·3
	Heart ...	...	...	39	43	43	38	82	81	·6	·6
	Anæmia ...	...	...	47	23	38	23	85	46	·7	·4
Tuberculosis	Pulmonary tuberculosis—										
	Definite ...	...	...	16	4	7	2	23	6	·2	·05
	Suspected ...	...	...	—	—	1	—	1	—	·01	—
	Non-pulmonary—										
	Glands ...	...	...	2	2	—	—	2	2	·01	·01
Lungs	Bones and joints ...	...	...	—	—	—	2	—	2	—	·01
	Other forms ...	...	...	2	—	—	—	2	—	·01	—
	Bronchitis ...	...	...	8	5	1	8	9	13	·07	·1
	Other non-tuberculosis diseases ...	...	...	58	15	46	6	104	21	·8	·2
Nervous system	Epilepsy ...	...	...	2	1	1	1	3	2	·02	·01
	Chorea ...	...	...	—	1	—	1	—	2	—	·01
	Other conditions ...	...	...	8	1	7	2	15	3	·1	·02
	Rickets ...	...	...	8	14	7	4	15	18	·1	·1
	Deformities ...	...	...	36	21	29	23	65	44	·5	·3
	Thyroid Gland ...	...	...	5	9	32	44	37	53	·3	·4
	Other defects and diseases ...	...	...	27	38	27	33	54	71	·4	·6

Table V gives particulars of the various defects found in the course of the medical inspection of 12,640 children and of the numbers referred for treatment and requiring to be kept under observation. The defects for which treatment was most frequently required were dental disease, 20·1 per cent compared with 21·8 per cent last year; defective vision, 3·9 compared with 4·3 last year; enlarged tonsils, 5·5 compared with 5·9 last year, non-tuberculous cervical glands, 5·2 per cent compared with 5·0 per cent; and enlarged tonsils and adenoids, 3·01 per cent compared with 2·7 per cent last year.

**Closure of Schools.**—Schools were closed on 136 occasions during 1924, compared with 102 occasions during 1923. The chief causes of school closure during 1924 were measles, 72, compared with 59 last year; influenza and colds, 33 occasions, compared with 12 last year; whooping cough, 12 occasions, compared with 9 last year; and mumps 8 occasions.

Reference to Table VI indicates that, apart from measles and influenza or colds, there has been no serious outbreak of infectious disease affecting the school children during the year.

**Malnutrition.**—The number of children in which some degree of malnutrition or impaired nutrition was found was 846, compared with 798 for 1923. Of the total number of children examined, in 1·2 per cent malnutrition was sufficiently marked to necessitate the child being referred for treatment, compared with 1·3 per cent last year, while in 5·5 per cent there was a slight degree of malnutrition which necessitated the children being kept under observation.

Several of the Assistant School Medical Officers in their reports refer to the standard of nutrition. Dr. Macfayden, in considering the causes of malnutrition, lays emphasis on improper feeding and the ignorance of food values, and draws attention to the relationship between malnutrition and defective teeth. Dr. Ewing, in his report, refers to the possible relationship between threadworms and anæmia and malnutrition. Dr. Aveling, for the Bushey Schools, states that he was impressed with the poor physique of the 7–8 children, and Dr. Turner, for Berkhamstead states that the 1916 children were the poorest he had examined. At the present time your School Medical Officer, at the request of the Medical Department of the Board of Education, is investigating the standard of nutrition of the children in certain rural schools, especially those who live at a distance from the school and are unable to go home for their mid-day meal.



**Cleanliness.**—Of the total number of children examined 427 were referred for treatment or to be kept under observation for uncleanness of the head, as compared with 671 for 1923, a very considerable reduction. Of the total number of children examined, 2·2 per cent were referred for treatment for this condition, compared with 3·2 per cent for 1923. The number of children with uncleanness of the body was 419, compared with 460 for 1923, also a considerable reduction, although the percentage referred for treatment was practically the same as last year, namely, 1·8.

The Assistant School Medical Officers in their reports refer to the continued improvement in the cleanliness of the children. Dr. Cox, for Watford, reports: "As stated in previous reports, the school children of Watford are very clean as a general rule. This is largely due to constant inspection on the part of the

**TABLE VI.—Closure of Schools during 1924.**

	REASONS FOR CLOSURE.								Total number of Closures for all reasons.
	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Chicken-pox.	Influenza and " Colds.	Mumps.	Other Causes.	
No. of Closures :									
Urban ... ..	24*	—	4	—	2	4	2	1	37
Rural ... ..	26†	2	5¶	—	3	23	4	1	64
No. of Re-closures :									
Urban ... ..	7	—	1	—	—	2	1	—	11
Rural ... ..	15	1	2	—	1	4	1	—	24
Total : Urban ...	31	—	5	—	2	6	3	1	48
Rural ... ..	41	3	7	—	4	27	5	1	88
All in 1924 ... ..	72	3	12	—	6	33	8	2	136

\* Includes 3 Measles and Influenza and 1 Measles and Chicken Pox.

† " 4 Measles and Influenza.

¶ " 1 Whooping Cough and Measles.

school nurse. The number of visits paid to the schools for inspection of cleanliness was 111 throughout the year." Dr. Buchanan, for his schools in Watford, states: "The diminution in the number of verminous children is maintained. Callow Land Boys' School appears to be unique in the fact that out of 300 children not a single one is verminous." The importance of adequate cloakroom accommodation in preventing vermin infection is emphasized by Dr. McClymont, of Cheshunt. Dr. Dunn, for the Hertford district, states that the increasing cleanliness of the school children is undoubtedly due to the tactful efforts of the school nurses. Dr. Ewing, for the schools in the Buntingford district, states "there is no doubt whatever that, looking back, every year makes a fresh advance, and the number of cases grows less. The work and careful scrutiny of the district nurse no doubt accounts for this." Dr. Shadbolt for his district remarks on the improvement in the matter of personal cleanliness. Dr. Reckitt, for his schools, reports that the children were better clothed and that uncleanness of the head and body showed improvement.

**Scabies and Ringworm.**—Sixteen cases of scabies have been reported during the year, compared with 17 last year, and of the number reported 16 were referred for treatment and one to be kept under observation. Energetic treatment with sulphur ointment or liq. calc. sulph. requires to be carried out if the condition is to be speedily cured. Eleven cases of ringworm of the head and body were reported during the year, compared with 16 last year, so that there is a decrease in the number of children suffering from contagious skin diseases during the year. The percentage of children referred for treatment with ringworm of the head was 0·06, compared with 0·07 for 1923.

**Defective Vision and Squint.**—Some visual defect was found in 955 of the children examined, compared with 1,133 during 1923. Of the total number of children examined 488, or 3·9 per cent, were referred for treatment; this, compared with 558 or 4·3 per cent for 1923, shows a considerable decrease.

**Teeth.**—Of the children examined, 4,606, or 36·4 per cent, were found to have some dental defect, compared with 4,954, or 38·5 per cent, last year. Of the total number of children examined 20·1 per cent were referred for treatment, compared with 21·8 last year. Carious teeth constitute the defect most frequently met with in the medical inspection of school children. The Assistant School Medical Officers in their reports make special reference to the frequency of dental caries and to the



importance of preventive measures. Dr. Ewing, for the schools in a rural district, states that the parents are apparently unwilling to undergo the expense for dental treatment. Dr. Dunn again refers to the necessity for increased facilities for treatment in his district. Dr. Cox, for his schools in Watford, states that apparently dental treatment is losing all its terrors as 152 out of 169 cases had obtained treatment before the end of the year, while seven were still under treatment. Dr. Ballance, for the Hatfield district, refers to the difficulty of obtaining adequate attention for dental defects in the outlying districts. Dr. Turner, of Berkhamstead, states that dental caries has been especially marked amongst the children born in 1916. Dr. Aveling, for Bushey schools, reports that he has had very little difficulty in persuading parents to obtain treatment for their children who are suffering from defective teeth.

**Tuberculosis.**—Twenty-nine cases of definite pulmonary tuberculosis were recorded out of the total number of cases examined, compared with 26 last year. The type of pulmonary tuberculosis characteristic of the young adolescent and adult is seldom met with under the age of 14, although when it does occur it is usually acute and progressive. The root type of the disease is that most commonly met with in children ; it is non-infectious, is seldom progressive, and with care and supervision is quite consistent with attendance at a public elementary school. Eight cases of non-pulmonary tuberculosis were recorded amongst the children examined.

**Adenoids and Enlarged Tonsils.**—Some enlargement of the tonsils was found in 2,043 cases, compared with 2,412 cases in 1923. For this condition 5·5 per cent of the children examined were referred for treatment, compared with 5·9 last year. With regard to adenoids, 308 cases were reported, compared with 316 last year, while 1·4 per cent were referred for treatment, compared with 1·5 last year. There were 638 cases of tonsils and adenoids occurring together, while 3·01 per cent of the children examined were recommended treatment for this condition, compared with 2·7 last year.

From the above figures it will be seen that while there is a decrease in the percentage of children referred for treatment for enlarged tonsils alone and for adenoids alone, there is an increase in the percentage of children referred for treatment for adenoids and enlarged tonsils occurring together. Reference has been made in previous reports to the relationship between septic tonsils, carious teeth, and enlarged glands. In children

the relationship between septic tonsils, rheumatism, slight feverish attacks, anæmia, and other evidence of ill-health also requires to be carefully noted. The importance of breathing exercises and of dental and nasal hygiene in relation to the prevention of enlarged tonsils and adenoids in young children requires to be continually emphasized.

**Enlarged Glands.**—Some enlargement of the cervical or submaxillary glands was found in 1,931, or 15·3 per cent, of those examined, compared with 16·5 last year. The cause of the enlargement of these glands is usually septic absorption from carious teeth, enlarged tonsils, or disease of the skin or scalp. The enlargement, which is the result of an adenitis, will usually yield to energetic treatment of the active cause. Such enlarged glands may, however, be invaded by tubercle bacilli, and eventually become tuberculous.

**Physically Defective and Epileptic Children.**—During the year 168 children were recorded as suffering from defective hearing, compared with 184 last year, the percentage referred for treatment for this condition being 0·4 the same as last year. The number of children suffering from defective speech was 94, compared with 103 last year, but the percentage referred for treatment for this condition was 0·3, compared with 0·2 last year. The presence of deformities is reported in 109, the percentage referred for treatment being 0·5, compared with 0·6 for last year. Five cases of epilepsy were reported, compared with four last year.

**Other Defects and Minor Ailments.**—Impetigo contagiosa, which is occasionally a cause of school closure, called for treatment in 0·2 per cent of the children examined, the same as last year. The number of children recommended treatment for external eye disease was 0·5, compared with 0·8 last year. The number of cases of ear disease recommended for treatment was the same as last year, namely 0·4 per cent. The percentage of children referred for treatment for heart disease was 0·6, compared with 0·6 last year. The percentage of children referred for treatment for anæmia is the same as last year, namely 0·7.

**Rickets.**—This condition was found in 33, or 0·2 per cent, of the children examined, compared with 58 or 0·4 per cent for the previous year.

**Vaccination.**—The percentage of school children who are unvaccinated remains high, notwithstanding the occurrence



of small-pox in England. Of the 12,608 children examined, 5,135 were vaccinated and 7,473 were unvaccinated, the percentage vaccinated being only 42·3.

**Enlargement of the Thyroid Gland: Special Inquiry.**—During the year special attention has been paid by the Assistant School Medical Officers to the presence of enlargement of the thyroid gland in school children. Of the total number of children examined, namely 12,640, some enlargement of this gland was observed in 90 cases, or 0·7 per cent. Of these 90 cases, in 37, or 0·3 per cent, the condition was such as to make it desirable that they should be referred for treatment. Of the 90 cases 76 were girls and 14 boys. Of the girls, 55 were above the age of 10 and of the boys 12 were above that age. The following particulars are given by the Assistant School Medical Officers in their reports.

For St. Albans City schools Dr. Paton reports six cases of thyroid enlargement out of 962 examinations, five being amongst girls of the 12 years old group. None of the cases showed any signs of excessive thyroid activity. In St. Albans Rural School Dr. Paton found four girls of the 12 years period with enlarged thyroid, but they presented no symptoms usually associated with increased thyroid activity. Dr. Cox, for Watford schools, reports that adopting the standard of enlargement of the thyroid on casual inspection he found that while in boys the number of cases was negligible, in girls of the 12 age group 5 per cent were found to have an obvious enlargement, although in none of the cases was this sufficiently marked to cause any anxiety. Dr. McClymont, for the schools in Cheshunt, found enlargement of the thyroid in six out of 714 children examined, three boys and three girls. He states that the condition gives rise to no symptoms and he did not regard the extent of the enlargement as definitely pathological. He further states that simple goitre or enlargement of the thyroid is uncommon in Cheshunt. Dr. Buchanan, for his schools in Watford, found two cases of thyroid enlargement out of 966 children examined. Both were girls, one aged 8, with pulse 104, but no other symptoms, the other aged 12, pulse 92, rather backward, but no other symptoms of thyroid disease. Dr. Macfadyen, for schools in the northern part of the county, reports that of 1,796 children examined 21 cases of enlarged thyroid were found. Dr. Suggit, for the schools in Baldock, reports 10 cases of enlarged thyroid, 9 girls and one boy, out of 140 children examined, a very high percentage. He states that no case showed any evidence of

exophthalmos or tachycardia, and that in five of the girls all of whom were of the 12 years old group, the condition was associated with enlarging or well developed breasts. Dr. Ewing, for the schools in the Buntingford district, gives a detailed report of 27 cases of thyroid enlargement observed out of 612 children examined. Of these, three on second examination had become much less. Of the remaining 24 there were four boys and 20 girls. In six cases there was some tachycardia, and one had a cardiac systolic murmur, but in none were any real symptoms suggestive of early exophthalmic goitre found. Four cases were cystic or cystic-adenoma, and had existed for several years; in two there had not been any noticeable change. The remainder were of the simple parenchymatous type; in two cases there were two sisters affected. Dr. Ewing further states that in some cases the parents volunteered the statement that other children used to have "full necks", but that they seemed to disappear after an illness such as influenza and measles. Some of the children with enlarged thyroid appeared to have dry skins, and coarse hair, and at least six were backward; most of them, however, were well nourished and on the whole fairly clean. Dr. Turner, for Berkhamstead, states that he has seen very few cases of enlarged thyroid in children aged 12, and none very marked, but that in private practice he sees many cases in older girls. Dr. Ballance, for Hatfield, reports two cases of enlarged thyroid in girls out of 620 children examined. Dr. Aveling, for Bushey schools, states that the condition appears to be uncommon in the district. Dr. Rose, for the New Barnet and Barnet Rural schools, reports two cases out of 745 children examined, and Dr. Shadbolt, for his schools in Watford and Hemel Hempstead rural districts, reports three cases of enlarged thyroid in girls of 12 years out of 402 examined.

**Conclusions.**—The following general conclusions are drawn from the observations made by the Assistant School Medical Officers: (1) That apart from pathological enlargement there is to be found in school children a physiological enlargement of the thyroid gland; (2) That such enlargement is much more frequently met with in girls than in boys, 76 out of 90 cases; (3) That in girls this enlargement is most frequently met with in those of the 12 years' group; (4) That there exists evidence pointing to a relationship between some enlargement of the thyroid and the onset of puberty; and (5) that the theory of inadequate iodine intake as the causation of goitre does not altogether explain why enlarged thyroid should most frequently occur in girls at or about the age of puberty.



### CHAPTER III.—THE TREATMENT OF DEFECTS AND MINOR AILMENTS.

The work in connexion with the treatment of defects and minor ailments has been carried out on much the same lines as last year. There has been no new development, although the necessity for the provision of additional facilities for dental treatment, especially in the Hertford district, has become urgent. At the present time there are seven County Council dental clinics and three voluntary clinics, although owing to difficulties regarding accommodation the clinic in Letchworth has been temporarily discontinued.

**Operative Treatment for Tonsils and Adenoids.**—Operative treatment for these conditions is carried out in the hospitals in the county, for which a fee is paid to the operating surgeon, the anæsthetist, and the hospital authority. During the year 655 school children were operated upon under your Council's scheme for tonsils and adenoids, compared with 582 last year. In considering the question of operative treatment for enlarged tonsils it is necessary to bear in mind that the enlargement may be, temporary, and in no way prejudicial to health. Evidence of sepsis or of interference with normal respiration is, however, an indication for operative treatment.

**The Correction of Defective Vision.**—Children with defective vision are referred by the Assistant School Medical Officers to the ophthalmic surgeons in their respective districts. These are medical practitioners in the county experienced in ophthalmic work to whom school children with defective vision are referred for examination and, when necessary, for correction with suitable glasses, which can be purchased by the parents at half-cost. The facilities thus provided have proved of great assistance to the children, as previously many children with defective vision were seriously handicapped in their work in the schools, owing to the fact that their defective sight had not been corrected by means of suitable glasses. The number of children found to have some degree of defective vision was 955, compared with 1,133, the percentage referred for treatment being 3·9, compared with 4·3 last year. The number of children supplied with glasses was 488, compared with 528 last year.

**Dental Clinics and Treatment of Defective Teeth.**—The County Council dental clinics are at St. Albans, Hatfield, Waltham Cross, Watford, Stevenage, Hitchin, and Letchworth,

although the one in Letchworth has been temporarily discontinued. In the appendix particulars are given by Mr. Allen, the School Dentist, regarding the work carried out at the various clinics during the year.

**The Treatment of Ringworm.**—Arrangements for the X-ray treatment of ringworm have been made with the authorities of the Royal Free Hospital, Gray's Inn Road. During the year five cases of ringworm have been treated by this method, compared with 23 last year, and the results are excellent.

**Minor Ailments.**—The number of attendances at the two minor ailments clinics were as follows : Hitchin 148 children and 219 attendances, and Hatfield 75 children and 110 attendances.

**Orthopædic and Massage Treatment.**—Children suffering from paralytic conditions and muscular weakness are referred to the orthopædic and massage clinics which have been established by the Hertfordshire branch of the Red Cross Society. The orthopædic centres are at Hertford, Watford, St. Albans, Hitchin, and Letchworth, and they are periodically visited by an orthopædic surgeon from London. By this means school children with paralytic conditions are able to obtain expert advice and treatment without having to be sent to London.

I am indebted to the Hertfordshire branch of the British Red Cross Society for the following particulars regarding the school children treated during 1924 :—

Number commencing treatment	63
Number discharged from treatment	66
Numbers on books receiving treatment at end of year	42
Number of cases receiving treatment during 1924	108
Number of cases under observation in 1924	38
Operations 13, in hospital 2, splints and appliances 10.	

The conditions for which expert advice and treatment were necessary included the following : Various forms of paralysis, spinal curvatures, various forms of talipes, congenital deformities, rickets, fractures, hysterical and habit spasm, etc.



## CHAPTER IV.—SCHOOL NURSING.

In previous reports reference has been made to the valuable assistance of the school nurse in the carrying out of school medical inspection, and to the indispensable nature of the services they render in the following up of cases of defects and minor ailments. The high standard of cleanliness which has been obtained amongst the children attending public elementary schools is almost entirely

**TABLE VII.—Work of School Nurses during 1924.**

	Returns from Nurses employed by Local Nursing Associations undertaking School Nursing.	Returns from County Council School Nurses.	Watford (Mrs. Stokes).	Grand Total of all School Nursing and Clinic Work.
Number of Schools ...	206	27	12	245
Number of Children ...	27,463	5,976	5,823	39,262
Medical Inspections and Clinics attended ...	687	175	226	1,088
Number of other Visits to Schools ... ..	2,409	483	596	3,488
Number of Examinations and Re-examinations for cleanliness and minor ailments ... ..	134,483	29,635	27,722	191,840
Number of verminous heads ... ..	1,364	72	18	1,454
Number of unclean heads	1,840	413	426	2,679
Number returned clean ...	1,585	431	237	2,253
Number of visits to Parents <i>re</i> defects and un- cleanliness ... ..	8,742	2,784	1,296	12,822
Total number of Defects reported on ... ..	3,527	1,099	2,410	7,036
Number treated satis- factorily and number re- ceiving medical advice	2,329	594	1,676	4,599
Percentage treated satis- factorily and receiving medical advice ... ..	66·0	54·0	69·5	65·3

due to the efforts of the nurse. The duties connected with school nursing service have been carried out during the past year tactfully and efficiently, and the co-operation and help of the school nurses have been much appreciated by the Assistant School Medical Officers.

In Table VIII particulars are given under various headings of the work carried out during the year by the school nurses in connexion with school medical inspection. The percentage of defects treated and receiving medical advice during the year was 65·3, compared with 61·1 for the previous year. It is again instructive to note that the returns from nurses employed by Local Nursing Associations show a considerably higher percentage of defects remedied than that shown in returns from the County Council School Nurses. The highest percentage obtained is, however, again in Watford, where there is a whole-time School Nurse.

The accompanying table has been prepared for me by Miss Harrington, the County Health Visitor and County Superintendent of Nurses.

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## CHAPTER V.—THE PHYSICALLY AND MENTALLY ABNORMAL CHILD.

Particulars are obtained from the Assistant School Medical Officers, the School Nurses, and the School Attendance Officers from time to time regarding abnormal children who have come under their observation. These children are classified as mentally defective, dull and backward, or physically defective. A special report is forwarded after examination by the Assistant School Medical Officer on special forms provided for the purpose. On receipt of a report regarding a mentally defective child arrangements are made for a further examination by Dr. Boycott, who forwards a detailed report regarding the mental condition of the child, the standard of intelligence according to the Stamford revision of the Binet Simon tests, and as to whether the child is suitable for admission to a special school for mentally defective children.

**The Mentally Defective Child.**—During the year 24 children were examined as to their mental condition. Of this number 19 were recommended for admission to a special school, and 9 were referred as ineducable to the Committee under the Mental



Deficiency Act. At the present time there are 113 children attending certified schools for mentally defective children. Further particulars of the instruction given to mentally defective children will be found in the Annual Report of the Kingsmead Residential School.

**The Dull and Backward Child.**—The absence of any definite scheme makes it extremely difficult to deal with this special type of child. With the exception of Letchworth there is no district where provision is made for special instruction for backward children. During the year reports were received of four children of this type.

**The Blind Child.**—Interference with instruction in a public elementary school may arise from complete or partial blindness. During the year particulars were received of three blind or partially blind children, and of these two were recommended for admission to special schools. At the present time nine blind children and one partially blind child are attending certified schools or classes for the blind.

**The Deaf Child.**—During the year particulars were received of five deaf or partially deaf children and these were recommended for admission to special schools. At the present time there are 25 totally deaf or deaf and dumb children in certified schools for the deaf.

**The Epileptic Child.**—The education of the epileptic child is not infrequently complicated by the presence of some degree of mental deficiency. During the year particulars were received of three epileptic children, of whom two were recommended for admission to special schools. At the present time three epileptic children are in special schools for epileptics.

**Physically Defective Children.**—These are children who are crippled or who suffer from some physical defect. During the year no case of this kind was recommended for admission to a special school. At the present time there are seven children in certified residential cripple schools.

*Schools for Blind and Deaf Children.*

Barclay Home and School for Blind Girls, Wellington Road, Brighton.

Brighton Asylum for the Blind (Male Children), Eastern Road, Brighton.

Brighton Institution for the Instruction of Deaf and Dumb Children,  
136 Eastern Road, Brighton.

North Staffs. Joint Councils' Residential Blind Council School, Penkhull,  
Staffordshire.

North Staffs. Joint Councils' Residential Deaf Council School, Penkhull,  
Staffordshire.

Kingsdown (Bristol) Council Deaf School, 10 Kingsdown Parade, Bristol.  
 Royal Institution for Deaf and Dumb, Friargate, Derby.  
 East London Home and School for Blind, Warwick Road, Upper Clapton, N.E.  
 Hastings and St. Leonards School for Blind Mentally Defective Children, 48  
 and 49 Kenilworth Road, Hastings.

*Schools for Defective and Epileptic Children.*

Sandwell Hall Institution for the permanent care of the Mentally Defective,  
 West Bromwich, Staffordshire.  
 Pield Heath House School (Roman Catholic), Hillingdon, Essex.  
 Littleton House Special School, Uxbridge, Middlesex.  
 Knotty Ash Horticultural Special School, Liverpool.  
 St. Vincent's Roman Catholic Home for Physically Defective Boys, Eastcote,  
 Pinner, Middlesex.  
 The Christian Social Service Union School, Lingfield, Surrey.  
 St. Elizabeth's Epileptic School (Roman Catholic), Much Hadham, Herts.  
 Chalfont St. Peter Colony for Epileptics, Chalfont St. Peter, Bucks.  
 Besford Court House, Worcestershire.  
 Heritage Schools of Arts and Crafts for Cripples, Chailey, Sussex.  
 Pontville for Feeble-minded Roman Catholics, Ormskirk.  
 Hillside House R.C., Buntingford.

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## CHAPTER VI.—REPORT OF THE MANAGERS OF THE HERTFORD KINGSMEAD SPECIAL RESIDENTIAL SCHOOL

RELATING TO THE YEAR ENDED 31ST DECEMBER, 1924.

1. The numbers in residence on 31st December, 1924, were :—Hertfordshire children : Boys 47, Girls 26, total 73. Out-county children : Boys 19, Girls 22, total 41, making a total of 114 children under 16 years of age, with the addition of 10 feeble-minded young women, or a total of 124 in residence.

The proportion of Hertfordshire children to that of out-county children is rising, as with the completion of the scheme of school medical service, more cases of defective children are being ascertained and certified under Part V of the Education Act, 1921. The school has now been open for five years, and the Managers are in a position to estimate to some extent the benefits which are likely to accrue to children from their residence at the school. The Managers consider it is indisputable that the lives of all the children are made much brighter and happier by their passing through the school ; even those who benefit least from a strictly educational point of view are taught the value of discipline and how to look after themselves, and can carry out small house-



hold duties and sometimes undertake light work, the burden on their friends and relations thus being considerably lightened. Children admitted to the school are all abnormal and suffer from some form of mental defect, but are educable up to a certain point. They may be classified into four groups: (a) Children who after passing through this school would be able to make their own way in the world and become wholly self-supporting. (b) Those who make good progress, especially in manual work, and pass out of the school capable of returning to their homes and contributing to their own support provided that their parents are in a position to accord adequate supervision. (c) Children, who by being passed on to training centres and colonies could, by working under supervision, in various trades, become economic units of the community. (d) Children who, owing to lack of adequate home supervision or lack of suitability for a training colony, require to be transferred to an institution certified under the Mental Deficiency Act, 1913, suitable for such cases.

The Managers again point out the great difficulty which arises in arranging for the disposal of the last-mentioned class of children when they attain the age of 16 years.

In all cases shortly before their reaching the age of 16 years the children are specially examined and reported upon by the School Medical Officer, and in those cases in which he considers that they should be reported to the Committee under the Mental Deficiency Act, 1913, with a view of certification under that Act, the necessary arrangements are made as soon as practicable, but the Managers regret to state that it is in many cases found absolutely impossible to secure vacancies for children who have been so certified. This will be realized when it is stated that the Government estimate is that 45,000 places in residential institutions are required for persons certified under the Mental Deficiency Act, and that at the present time there are only 15,000 such places in certified institutions in the whole country.

In the opinion of the Managers, therefore, the question of the provision of additional accommodation for mentally deficient persons is a pressing one, and they desire to draw the attention of the County Council to this matter.

The Managers submit with this report, the reports from officials dealing with their respective departments, which in the opinion of the Managers show a steady progress in the work of the school. With regard to financial conditions, the net expenditure out of the county rates for the financial year ended 31st March, 1924, is £1,850 4s.

The net cost per head falling upon the county rates is £15 10s. 11d. excluding staff, and £13 18s. 3d. including staff.

For the year ended 31st December, 1923, the net cost per head on the county rates was £13 15s. 1d. excluding staff, and £12 5s. 11d. including staff.

The slight increase in the cost has been occasioned by the increase in the number of county children over out-county ones.

W. GRAVESON,

*Chairman.*

### **School Medical Officer's Report.**

2. The work in connection with the education of mentally defective children in Kingsmead School has been carried out during the year on lines similar to those which have been described in previous reports.

The cases discharged during the year were dealt with as follows:—21 to the care of their parents, 1 to care of parents pending admission to certified institution, 6 to other institutions, 4 to care of other authorities, 1 was discharged as unsuitable, and 1 was transferred to the accommodation provided for feeble-minded females.

Great care is now being exercised in regard to the admission of children to Kingsmead School. All the in-county children, for whom applications for admission are made, are now examined by Dr. Boycott (the Superintendent at Hill End Mental Hospital), who forwards a detailed report giving particulars regarding their physical and mental condition and an estimate as to their standard of intelligence. Yet, notwithstanding the care exercised, occasionally cases have to be admitted which are not quite suitable, but this is unavoidable owing to the impossibility of dealing with certain types if admission is refused.

### **Improvement in Mental Condition.**

3. Either before or soon after admission all children are examined as to their standard of intelligence by means of the Binet Simon tests (Stanford Revision). These tests have to be carefully applied, and although in some cases they may not be very reliable, they nevertheless provide a fairly satisfactory method by which the standard of intelligence of the child can be approximately gauged. Generally speaking, it has been found that children whose intelligence quotient is well above 60 per cent. show fairly satisfactory response to instruction and are capable of being trained in useful occupations, always provided that the work is carried on under supervision. Children whose



quotient is between 50 and 60 per cent. are doubtful so far as education and satisfactory manual training are concerned, although considerable improvement in some of these cases has been observed. With one or two exceptions the children with an intelligence quotient below 50 per cent. are incapable of receiving any permanent benefit from instruction and training in manual work, although under the strict supervision of an instructor some of them can carry out certain easy forms of manual work.

### **Improvement in Physical Condition.**

4. Improvement in the general condition and health of the children is early apparent. The regular routine and good food provided in the school result in much improved general health and increase in weight. Special attention has been paid to the diet so as to secure an adequate supply of vitamins. All the children gained in weight during the year. In delicate and poorly-nourished children the diet is supplemented with cod liver oil with excellent results. Mentally defective children are very liable to develop certain physical defects and disabilities. The circulation is very poor in many cases and in cold weather chilblains are troublesome. Adenoids are not uncommon, and many of the children are mouth-breathers. Postural defects are very common, and the gait of many of the children is characteristic. In a certain number of cases the mental defect is associated with some serious physical defect such as muscular paralysis. Special efforts are made to correct and remedy these various defects and disabilities. Dental treatment is provided for carious teeth, the Dental Surgeon attending at stated intervals. Children with curvatures or spastic and paralytic conditions are referred to the Orthopædic Clinic in Hertford for expert advice and treatment. Operative treatment for tonsils and adenoids is carried out as required. The school is visited three times a week by the Medical Officer, who prescribes for such children as require treatment. Once a year every child is examined by the visiting Medical Officer and also by the School Medical Officer or his Deputy.

With reference to the health of the children, Dr. Hart, the visiting Medical Officer, reports as follows:—

5. I beg to report that the health of the children and other members of Kingsmead Residential School during 1924 was most satisfactory.

A few cases (7) of chicken-pox were treated at various times, but otherwise there was no epidemic and the routine examination of the children revealed a highly encouraging improvement in physique.

A number of cases of defective eyesight, teeth, as well as respiratory obstruction due to adenoids and enlarged tonsils, were specially treated. The Orthopædic Surgeon was also asked to treat 12 cases with gratifying results.

I am pleased to record my appreciation of the excellent arrangements and staff work at the school.

### Conclusions.

6. The educational work in Kingsmead School and the administration of the institution continue to be carried out in a highly efficient manner. The improvement in the behaviour and manners of the children which occurs within a very short period after admission is marked. Especially is this to be observed in the manner in which the children conduct themselves at meals and in the increased interest which they take in their appearance. Unfortunately, when supervision and control are removed, the defective child is very liable to relapse into former habits and to forget much that has been taught. This is due to absence of concentration and to the existence of defective memory, in consequence of which the defective child easily forgets. This fact emphasizes the importance of the careful consideration of the instruction given in the school in relation to the child's future life. When the age of 16 is reached the defective child is transferred to the parents' care or sent to a certified institution. In the case of children who return home it is necessary that parents should be impressed with the necessity of continued control and protection and with the desirability of encouraging the child in retaining and, if possible, extending what has been taught in school. To assist in attaining this end it is suggested that a short report on the child's capacity, with recommendations as to future care, should be forwarded to the parents or guardians in the case of children discharged to their homes. But the only solution of the problem in the case of many of these children is a certified institution. By this means alone can the protection which is so essential in the case of the female defective be secured, and it is only in such an institution that the best economic results can be obtained from a standard of working capacity which is relatively poor. This urgent question, namely, the provision of adequate institutional accommodation for mental defectives, is at present engaging the attention of the Committee under the Mental Deficiency Act, 1913.

H. HYSLOP THOMSON,  
*School Medical Officer.*



### Head Teacher's Report.

7. *Staff*.—Head mistress, two certificated mistresses, one uncertificated mistress, two supplementary teachers, and two part-time technical instructors.

*Organization*.—Five graded classes and one mixed ungraded class, taken by head teacher, for academical subjects.

*Religious Instruction*.—Given in the form of simple Bible stories, by class teachers, moral instruction once a week by head teacher, and a weekly lesson by the Chaplain.

*Reading and Writing*.—Standard III normal grade is aimed at. Letters are written home to parents and friends. Pictures are described, etc. Bold script is used, in graded sizes. Dictation depends on ability to read. Accuracy is difficult to attain with these children, who exhibit peculiar individual failures to grasp word-pictures mentally, orientation only predominating several types. Junior classes attempt to read Primers I and II. Some even get into Readers I & II. Books are kept very neat, while pencil is adhered to for writing, but using of pens gives untidy results for quite a long time until hand-control develops. Some types never really achieve the latter. Class III use Sense training apparatus with great benefit. After a short time in some cases really neat work is rendered. Physical defects prevent some cases from progression in this class. All are, however, very happy, make efforts to attain, and prepare for manual development later. Latterly, children in this grade have attained great speed and skill with hand-knitted work on specially prepared frames.

*Number*.—The first four Rules, and some Money is possible with most older boys and girls. Simple problems only. Handling of coins, scales, time-tables, rulers, calendars, and the clock-face, etc., provide additional general practical knowledge. A School Stores has now been set up for practical shopping. This was made in the manual workshop by the older boys. Steady progress is made, and the children about to leave on reaching 16 years try very hard to attain neatness in their work.

*Drawing*.—This improves as Hand-control develops. Colour and Pastel-work take a long time to reach a neat effect. Measuring is attained, also tracing and outline. Expression-work in lower classes shows good progress.

*Singing*.—National and Folk-lore songs attract, and are mostly well rendered. Music is always appreciated. Displays evidence extreme nervousness, but co-operation is cheerfully given, and initiative developed, with sustained effort. —

*Physical Exercises.*—The scheme suggested by the County Supervisor has been followed, and more “Tables” in the graded syllabus accomplished. Games and Folk-dances provide much pleasurable recreative work.

*Handwork.*—Woodwork, boot-making, rug-making, basketry, and gardening for older boys. Needlework, plain and fancy, knitting, light-basketry, and gardening for older girls. Also leather-work. Lower classes also have these, but in more simple form, preparatory to same. Lowest grade have frame-knitting and raffia-weaving and winding. Manual-work produces articles, both artistic and useful. Sales have reached over £25. An order for a whole set of dinner-mats in fine raffia-weaving was carried out for Admiral Sueter, M.P. These included plate, tumbler, and large dish-stands. The Admiral has now duplicated the order. Woollen rugs and mats have been well designed, with very creditable results. Girls darn their own stockings, and boys help with boot-making and repairing technique. Sustained effort and concentration are shown, with desire to accomplish.

*Discipline.*—The children require individual study. Natural active desire is fostered with freedom for expression. New admissions soon settle down to the tone of the school, busily concentrating on work they choose, and are attracted by. Older scholars develop good behaviour and some responsibility, responding to efforts made by the teachers on their behalf. Politeness is expected and ensues naturally. Loyalty is evident, and general behaviour throughout the school, as a whole, is good. A happy atmosphere prevails, and good influence is felt.

M. AGNES PULLAN,  
*Head Teacher.*

### **Superintendent's Report.**

8. It is gratifying to observe the steady improvement of the children passing through this residential school.

The health of the children during the year has been good. Minor ailments detected by the staff have been tended and in no small degree prevented much illness. The chicken-pox cases were isolated and comfortably nursed to complete recovery.

Particular attention is given to the dietary, which is varied, nourishing and strengthening, as recommended from time to time by the School Medical Officer, and special attention rendered to those children whose weakness requires it.

Open-air exercise and recreation is indulged in as much as possible, and in spite of the wretched weather during the



past year nothing daunted the eagerness of the children to take full advantage of the useful and suitable amusements and occupations freely encouraged both indoor and out. A number of boys were trained, and entered in the local sports, winning several prizes.

Divine Service is regularly held every Sunday morning, and the religious influence extended to the children is more than usually marked by clear explanations and appropriate definitions from the Chaplain, within the grasp of the children, from which they benefit largely. They are attentive and take an intelligent and reverent interest in the services.

The elder girls continue to receive instruction under the Matron in kitchen work, cooking, laundry work, and general domestic work, and thoroughly enjoy the various occupations with keen interest and satisfactory results. Both boys and girls interest themselves in their respective occupations, indoor and outdoor, especially garden work.

During the summer vacation 59 Hertfordshire children and 14 out-county children went to their homes for six weeks' holiday, leaving 12 Hertfordshire children and 21 out-county children at school, who thoroughly enjoyed themselves in games, picnics, and outings. The annual treat to the seaside was made by motor on 21st August, giving them a very happy time.

A few children returned from holiday bearing marked evidence of neglect, yet taken altogether there was compensation in giving pleasure to parents and children.

The Feeble-minded inmates are improving, and work well under supervision. One having a relapse was transferred to the Mental Hospital. The vacancy was filled by one who, attaining the school-age limit, required care and control under the Committee under the Mental Deficiency Act.

Since the opening of the School 53 children reaching the age of 16 years have been discharged, 15 have been placed in institutions or under supervision for further training, 38 have gone back to their own homes or relatives, with nothing in view. The current year has so far 23 children for consideration and successive years point to a similar number annually.

A Concert and Display of Work was given in December by Mrs. Pullan (head teacher), who, with the help of her assistants, had patiently trained the children to acquit themselves most creditably. A large number of parents and friends attended, and were delighted with the work of the school.

A happy time was given to the children during the Christmas season. They fully enjoyed all the arrangements made for them.

The staff at all times work most assiduously to carry out the aim of the school in promoting the general comfort of the children, encouraging them unceasingly in the principles of forming character, respectfulness and politeness in their general behaviour, creating a happy environment, and encouraging self help.

Several changes have occurred with the staff on account of the work proving too strenuous for them to continue, while others sought positions embracing a superannuation scheme. Considerable difficulty is experienced in obtaining persons to take up the work.

Due regard is given to economy in the cost of maintenance. Most of the clothing, etc., is made on the premises, and all the vegetables, etc., required are produced from the garden.

The various gifts kindly sent by generous donors, and the entertainments the children have attended, both inside and outside the school, have been much appreciated, and greatly assist in benefiting them.

Many letters have been received from parents and friends of the children, expressing grateful testimony to the improvement observed in the habits, general conduct, and stability of their children.

G. T. S. WALTERS,  
*Superintendent.*

### **Chaplain's Report.**

9. I have much pleasure in making a short report of the work of my good colleague, the Rev. W. G. Davies, and of myself, as chaplain to Hertford Special School during the year 1924 just ended. Our ministry at the school consists of a Sunday Service at 9.45 a.m., and of a Thursday Bible Class weekly at 3.30 p.m. in which we share fairly equally. My colleague and I are both fond of children and quite sincerely enjoy this part of our ministerial duty. It is most fascinating and interesting to draw out and lead the thoughts and wills and affections of children anywhere and at any time, if you do like them. These special children are especially interesting because of the ingenuity needed to overcome certain inhibitions and lesions in their psychological capacities. They differ in the degree of their deficiency and efficiency very greatly. I am struck with their evident capacity for thought, feeling, admiration, and worship as seen in their answers to my constant questions and their bearing in the class and Service. I have no doubt at all that they are well cared for and show signs of benefit by the school.

(Signed) T. LANDULPH SMITH,  
*Chaplain.*



## CHAPTER VII.—STRUCTURAL AND SANITARY ALTERATIONS.

Special visits are made to the schools during the year by the school medical staff for the purpose of inspecting and, if necessary, reporting upon the sanitary arrangements, ventilation, heating, lighting, etc. In their annual reports the Assistant School Medical Officers submit information regarding any sanitary or structural defect to which, in their opinion, attention should be directed. Particulars regarding these defects are forwarded to the County Surveyor.

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## CHAPTER VIII.—OPEN - AIR INSTRUCTION— PHYSICAL TRAINING — JUVENILE EMPLOYMENT.

*Open-air Instruction*—In previous reports reference has been made to the value of open-air instruction in improving the physical and mental condition of growing and delicate school children. This method of instruction is carried out in many schools in the county during the summer months, when the weather permits of the children sitting out of doors. Open-air instruction is of special value in the case of backward and defective children. It is an interesting fact that in the experience of several teachers the children who live some distance from school are in the morning more alert mentally than those who live close at hand.

**Physical Training.**—The work in connexion with the physical training of school children, under Mr. Richardson, the Supervisor of Physical Education, has continued to make good progress during the year. The value of such training on the general health, development, and well-being of the school child cannot be over estimated. Regular physical exercises, including breathing exercises, not only stimulate the growth and development of the child, but they are of definite value in the prevention and cure of certain conditions such as postural defects, adenoids, etc. Further, such exercises are of distinct value in the case of dull and backward and mentally defective children. The annual report of the Supervisor of Physical Education on the work carried out during the year will be found in the Appendix.

*Employment of Children.*—With regard to the employment of school children it is necessary to point out that Section 13 (1) of "The Education Act, 1918", came into operation on the 1st day of April, 1920, and that the conditions which now prevail in the county with regard to the employment of children are as follows: (1) A child under the age of 12 shall not be employed, (2) a child of the age of 12 or upwards shall not be employed on any Sunday for more than two hours, (3) a child of the age of 12 or upwards shall not be employed on any day on which he or she is required to attend school before the close of school hours on that day, (4) a child of the age of 12 or upwards shall not be employed on any day before 6 o'clock in the morning nor after 8 o'clock in the evening.

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## CHAPTER IX.

**Conclusions.**—The results of the work of school medical inspection carried out during the year may be briefly summarized as follows. The estimated number of inspections required to be made during the year was 12,081, and the actual number carried out was 12,640. The percentage of defects found on examination, for which directions for treatment were considered necessary, was 32·1, compared with 34·5 last year. Schools were closed on 136 occasions, compared with 102 occasions last year. The chief cause being measles, influenza, and colds.

The general nutrition of the children is not quite so good as last year; some degree of malnutrition existing in 6·7, compared with 6·2 for the previous year, but the percentage requiring to be referred for treatment was less, namely 1·2, compared with 1·3.

It is satisfactory to be able to report further improvement in the cleanliness of the children. The percentage of children with uncleanness of the head was 3·4, compared with 5·2, and that of children with uncleanness of the body was 3·3 compared with 3·6 for the previous year. This improvement is almost entirely due to the routine inspections and untiring efforts of the school nurses.

There is a further decrease in the percentage of children with defective vision, namely 7·6, compared with 8·8; the percentage requiring treatment is also lower, being 3·9, compared with 4·3 last year.



There is a decrease in the number of children with defective teeth, the percentage being 36·4, compared with 38·5 for the previous year, and the percentage referred for treatment being 20·1 compared with 21·8.

There is a considerable decrease in the number of children referred for treatment for defective vision, the percentage being 3·9, compared with 4·3 for 1923.

Twenty-nine cases of definite pulmonary tuberculosis were recorded, compared with 26 cases last year ; this shows a slight increase.

There is a decrease in the number of children referred for treatment for enlarged tonsils, namely 5 per cent, compared with 5·9 per cent last year. With regard to adenoids, there is a slight decrease in the number referred for treatment, 1·4 per cent, compared with 1·5. There is, however, an increase in the number of children referred for treatment for tonsils and adenoids occurring together, the percentage being 3·01, compared with 2·7 for the previous year.

Some enlargement of the cervical or submaxillary glands was found in 15·3 per cent, compared with 16·5 last year. Some enlargement of the thyroid gland was found to be present in 0·7 per cent of the children examined ; a special inquiry on this condition was carried out during the year.

The percentage of children referred for treatment for defective hearing was 0·4, the same as last year. The number of children with deformities was 109, compared with 130 last year, the percentage referred for treatment, being 0·5, compared with 0·6. The results obtained in the treatment of defects and minor ailments continue to be satisfactory, the percentage of defects treated being 65·3, compared with 61 last year. This improvement is due to the tactful and untiring efforts of the school nurses and to the increased facilities which have been provided for the treatment of defects and minor ailments in school children.

## APPENDIX I.

## ANNUAL REPORT ON PHYSICAL TRAINING IN PUBLIC ELEMENTARY SCHOOLS.

*Prepared by the Supervisor of Physical Training and adopted by the Physical Training Sub-Committee.*

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Although there is much yet to be accomplished, this Annual Report relating to the year 1924, the second, will show that considerable progress has been made during the past year in all branches of the work. There have been difficulties, the most formidable one being the bad weather. The number of schools able to carry out their normal physical training programme during wet weather is comparatively small. Outdoor lessons are impossible, and indoor ones, which are always less effective, are rendered almost valueless by the lack of facilities in many schools for giving them.

*Physical Exercises.*—There continues to be steady progress in the method of teaching the official syllabus ; the lesson which was known as “ drill ”, always a dull, meaningless one, from the child’s point of view, is giving place to an active spirited lesson which makes for alertness, brightness, and agility on the part of the children and a happier lesson, full of greater possibilities for the teacher. The progress is well marked in our rural areas, and this will certainly be maintained now that the Board have issued a special syllabus for rural schools which is simpler in character and much more adaptable to their conditions. It is designed for a school with three or less on the staff, and the 104 of our schools which come within this category are using the shorter syllabus.

*Games.*—(a) *Playground.*—There is no doubt that this branch of the work is rapidly developing, the range of games now played being much wider than hitherto. This is largely due, I think, to the work done at the teachers’ classes, where between thirty and forty games are taught during the course. Progress must lie in getting the teacher to realize that it is a mistake to teach games of higher organization, such as netball, football, etc., too soon. These games need to be built up step by step, and this should be done by a course of preparatory games so that even a Standard I child should be receiving preliminary training in a game although it will not be played until Standard V or VI is reached. In short, there is a need, in the larger schools at least, for a progressive syllabus of games, in order that children who are athletically backward may gradually gain confidence and proficiency.



(b) *Field Games*.—(i) *Football*.—This undoubtedly is the favourite organized game for boys, and every boys' school has its football team, the greater number of which are suitably clad for the game. There are five school associations in the county, and to these are affiliated about fifty-four schools which have a definite programme of matches for the season. The remaining schools, which for geographical reasons cannot join a league, play arranged games within their immediate neighbourhood. These games are played either after school or on Saturdays.

(ii) *Netball*.—The popularity of this game still continues to grow, and there are now 132 schools provided with apparatus, of which number 28 are affiliated to the three leagues in the county. For the harmonious development of the body, this game for girls has no equal.

(iii) *Cricket*.—This game is not so highly organized in the county as football, owing to lack of proper facilities. It is useless to teach cricket unless a reasonable pitch is obtainable, the time can be much more profitably spent in other forms of activity. Nevertheless, a large number of schools do play the game, and there is one league in existence, namely at Cheshunt.

(iv) *Stool ball*.—Very many more schools are playing this summer game than hitherto. The apparatus is cheap, no prepared pitch is necessary, it is suitable for boys, girls, or mixed schools, and contains many of the elements of cricket.

(v) Six schools are playing at hockey and at one school Rugby football is being taught.

*Schools' Sports Associations*.—The part that these voluntary organizations play in the physical education of our children, if not entirely forgotten, is not fully realized, and for this reason it is desirable to give a few details concerning them.

*Bishop's Stortford District*.—This comprises at present a football section only, with five competing teams, an increase of two on last year; but I am hopeful that a netball section will shortly be formed. The difficulty of securing suitable grounds appears unsurmountable.

*Hitchin District*.—This comprises two football sections, one for junior and one for senior teams, numbering thirteen, competing for three trophies. It held a very successful sports meeting at Letchworth, when about twelve schools competed for three trophies, one for Boys' Schools, one for Girls' Schools, and one for Mixed Schools, with an average attendance under

100. Certificates are awarded to individual winners. This Association competed for the English Schools Football Shield, but was defeated by King's Lynn (1—0) in the opening round.

*Waltham Cross and Cheshunt.*—This is a very energetic association comprising a football section with seven competing schools, a cricket section of seven teams, and one for netball with six affiliated schools. The winners of the first two are awarded trophies. Here again the lack of suitable ground is being felt.

*Watford District.*—This is the largest association in the county, and includes in its activities two football leagues, with sixteen competing teams, one netball league of eleven schools, a swimming section of thirteen boys and seven girls' schools, and an athletic section, to which are affiliated thirteen boys' and seven girls' schools. The latter section held a very successful meeting last summer.

This Association possesses seven trophies, which are put up for competition annually.

The football section visited Norwich in the initial round for the English Schools Football Shield, whilst the girls played Luton girls at Netball.

*Hertford District.*—This is an energetic association which is going to widen its sphere of activities in the near future. At present it consists of three sections, namely football, with thirteen affiliated schools, netball, with ten competing teams, and an athletic section composed of fourteen schools.

It has five trophies, which are competed for annually.

The expenditure of this Association last year was £32.

The whole of the work of these associations is carried out during the teachers' leisure, and a considerable amount of money in the case of Watford, which amounted to £114 last year, is required to be raised annually to meet expenses.

*Wix Football Trophy.*—It will be remembered that this trophy presented by Mr. E. N. Wix, late H.M. Inspector for the county, is open for competition amongst the elementary schools in Hertfordshire and Luton. Last year it was won by the latter. A great deal of expenditure is involved in carrying out the competition owing to the fact that schools are compelled to take long journeys in the county to play their matches. All expenses, except for the preliminary rounds, are met from a central fund, and this demands a great deal of work from those who conduct this competition in seeing that the fund is able to meet its liabilities.



*Athletics.*—Inter-school athletic meetings were held by the following School Sports' Associations: Hitchin, Hertford and Watford. At these meetings representatives from each school, boys and girls, meet those from other schools in certain chosen athletic events, mainly sprints, high jumping, and relay races. Points are awarded according to results, the schools having the highest total being awarded a trophy, which it holds for one year; there are no individual prizes. These events are extremely popular with the general public and are always well attended.

This year twelve schools who were not able to compete at these inter-schools athletic meetings had their own sports days. Parents are always invited to these days, and from that point of view alone they are invaluable.

Although it is desirable that these sports meetings shall be encouraged, they fail in their function if they simply cater for the child who is an expert or if the majority of children are hurriedly eliminated from the sports a week or so before the day by means of preliminary competitions. Each child should receive training in running and jumping as a part of the normal physical training lesson, and these athletic meetings are valuable as stimulating interest in this part of the work. The programme should be as varied as possible in order that every child may be reached and encouraged to contribute towards the efforts of the school.

*Swimming.*—The following table compares the results of this year and last year, when certificates were awarded for the first time. The cost per child receiving instruction during the present season was 8·6d.

<i>Attendance.</i>	<i>1923</i>	<i>1924</i>
Number of Schools . . .	49	57
Number of classes—Boys . . .	40	46
Girls . . .	29	36
Approximate number of Boys . . .	1,050	1,300
Girls . . .	550	700
Number of Certificates awarded—		
Boys, 440 yards . . .	87	82
100 „ . . .	129	132
25 „ . . .	284	254
Boys total . . .	500	468
Girls, 440 yards . . .	18	23
100 „ . . .	34	29
25 „ . . .	67	93
Girls total . . .	119	145
Total, Boys and Girls . . .	619	613

[NOTE].—The above figures show an increase during the year of 25 per cent. of children under instruction, 36 per cent. of the boys and 21 per cent. of the girls gained certificates.

Tests were conducted at all the baths in the county, and at Finchley for Barnet children. It should be noted that the temperature of the water during these tests never exceeded 62° C., and was at times as low as 56° C. Altogether it has been a bad season for swimming. There were times when schools could not visit the baths, and this is a serious handicap when one remembers that an average swimming season is about ten weeks. Bearing these facts in mind the results can be regarded as satisfactory.

It is only necessary to refer briefly to the demonstrations by the A.S.A. in all the baths in the county by saying that they were loyally supported by the attendance of 236 teachers.

The percentage of non-swimmers who passed as swimmers at the end of the season was, in the case of boys 23·5, and girls 18·1. A swimmer is one who can qualify for a 25 yards certificate, and it is considered that this is a very high standard.

It is a pleasure to report the opening of a bath at Bishop's Stortford, and I have been invited to co-operate in making arrangements for the attendance of the children of the district.

Next season it is hoped to commence life-saving, and to get children to qualify for the elementary certificate of the Royal Life Saving Society.

*Folk Dancing.*—A very healthy interest has been created in Folk Dancing by the formation last year of the Hertfordshire Branch of the English Folk Dance Society. There are centres at Letchworth, Hitchin, Watford, St. Albans, Harpenden, Hertford, Bishop's Stortford, Barnet, Ardeley, Weston, Hadham and Ashwell, at which evening classes are held and are attended by upwards of 130 teachers.

Altogether there are 150 schools or departments, excluding infants, who always include simple dance and singing games in their curriculum, which are teaching the English Folk Dance, in many cases boys and girls being taught together.

During last May the Herts Branch held a Festival, at which many schools competed, whilst at Watford at the schools' annual competition the standard of dancing in the opinion of the judge, the late Cecil J. Sharpe, was so high that the winning team was invited to take part in a large demonstration arranged in London.

*Accommodation.*—In the opening paragraph of this report reference was made to the lack of facilities which obtain in some schools for carrying out satisfactorily the physical education



of the children throughout the year. The following figures will bear out this statement :—

<i>Gravel Playgrounds.</i>	<i>Without Playground.</i>	<i>No. using Fields.</i>	<i>No. using Park or Common.</i>	<i>No. of Sheds.</i>	<i>No. of Halls, Central and Village.</i>
166	19	122	64	41	39

Of the departments which have gravel playgrounds something less than ten have the use of a shed or hall which can be used during wet weather. It remains therefore for such schools to utilize classrooms a large number of which have very limited space and contain desks of obsolete pattern. These conditions make an effective lesson impossible, and such interference with the regular performance of physical training must affect the character of the work.

With regard to the 19 departments without playgrounds 13 use common land outside the school, 4 use the high-road and two use a lane near the school.

*Dress.*—It is in this connection that the help of the parents is greatly appreciated. The number of girls' schools adopting the recognized gymnastic costume is steadily increasing, whilst the wearing of proper shoes by the children is noticeable in many schools.

*Time-table.*—The need of a daily lesson in physical training is being more widely recognized because of the all-round value that can be derived from it, and it is a pleasure to record that the number of schools adopting it has increased during the past year. In securing this a great deal of help has been received from H.M.I., who has on occasion seen fit to consult me when new time-tables have been submitted to him for approval.

*Teachers' Classes, Physical Training.*—These held at Luton, Hitchin and Hatfield were attended by 115 teachers, and at Hatfield men teachers have attended for the first time. These classes are always successful, and are greatly enjoyed and appreciated by those who attend. The attendances have always been good, and this is more praiseworthy when one remembers the distance some teachers have to travel.

*Games Apparatus.*—During the year 46 schools applied for and received grants towards the cost of apparatus for organized games, whilst since the inauguration of the scheme 211 grants have been approved. The total amount granted by the County Council during the year is £80.

*Pupil-teachers.*—Physical Training forms an integral part of the work carried on at the six centres in the county. The Board's syllabus is taught whilst in addition each centre has its own apparatus for netball and stool ball, and in some cases cricket. Folk dancing is also taught, whilst in the case of Hitchin centre, swimming is taken during the summer months.

Last September an inter-centre Athletic meeting was held at Hertford. This was so successful in many ways that it is proposed to hold a netball competition on similar lines in the new year.

These students spend two days a week in their schools, and during this period many are able to give much valuable help with the physical training of the children, particularly in regard to games.

This report cannot be concluded without recording the increasing interest taken by the general public in the physical education of the children. Co-operation is shown in various ways, not the least of which is the financial support given to Schools' Sports Associations and to individual schools. Many senior Sports Clubs readily allow the use of playing pitches and grounds, whilst many of the officials of these clubs are always ready to help at Schools Athletic Meetings and football and cricket matches.

Finally, the opinion of one head teacher is worth quoting. "The discipline, tone and work of my children have improved almost beyond recognition since organized physical training has taken its proper place in the curriculum."

5th December, 1924.

H. E. FERN,  
*Chairman of Sub-Committee.*



## APPENDIX II.

## STATISTICS OF WORK OF MEDICAL INSPECTION FOR THE YEAR.

**TABLE I.—Return of Medical Inspections for 1924.**

A. ROUTINE MEDICAL INSPECTIONS.			
Number of Code Group Inspections—			
Entrants	.	.	3,478
Intermediates	.	.	4,573
Leavers	.	.	4,557
Total			12,608
B. OTHER INSPECTIONS.			
Number of Special Inspections	.	.	32
Number of Re-inspections	.	.	0
Total			32

**TABLE II.****A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.**

Defect or Disease.						Routine Inspection.		Specials.	
						Number referred for Treatment.	Number requiring to be kept under Observation.	Number referred for Treatment.	Number requiring to be kept under Observation.
Malnutrition . . . . .						149	696	—	1
Uncleanliness—									
Head . . . . .						276	151	—	—
Body . . . . .						229	189	—	1
Skin .	{	Ringworm—							
		Head . . . . .				7	2	1	1
		Body . . . . .				—	—	—	—
		Scabies . . . . .				16	1	—	—
		Impetigo . . . . .				22	9	—	—
Eye .	{	Other diseases . . . . .				25	23	—	—
		Defective Vision . . . . .				484	467	4	—
		Squint . . . . .				78	65	—	—
Ear .	{	External Eye Diseases . . . . .				59	36	—	2
		Defective Hearing . . . . .				48	118	1	1
		Ear Disease . . . . .				53	34	—	—
Nose and Throat	{	Enlarged Tonsils only . . . . .				701	1340	—	2
		Adenoids only . . . . .				171	130	3	4
		Enlarged Tonsils and Adenoids . . . . .				378	254	3	3
		Other conditions . . . . .				—	—	—	—
Enlarged Cervical Glands (Non-Tuberculosis) . . . . .						652	1274	1	4
Defective Speech . . . . .						32	62	—	—
Teeth—Dental Diseases . . . . .						2534	2064	6	2
Heart Disease . . . . .						82	80	—	1
Anæmia . . . . .						85	45	—	1
Tuberculosis	{	Pulmonary Tuberculosis—							
		Definite . . . . .				23	6	—	—
		Suspected . . . . .				1	—	—	—
		Non-pulmonary—							
		Glands . . . . .				2	2	—	—
Lungs .	{	Bones and Joints . . . . .				—	2	—	—
		Other forms . . . . .				2	—	—	—
		Bronchitis . . . . .				9	13	—	—
Nervous System	{	Other Non-Tuberculosis Diseases . . . . .				103	20	1	1
		Epilepsy . . . . .				3	2	—	—
		Chorea . . . . .				—	2	—	—
Rickets .	{	Other conditions . . . . .				14	3	1	—
		Rickets . . . . .				15	18	—	—
		Deformities . . . . .				65	44	—	—
Thyroid Glands . . . . .						37	52	—	1
Other Defects and Diseases . . . . .						53	70	1	1

**B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups—			
Entrants .	3,478	628	18·05
Intermediates .	4,573	953	20·8
Leavers .	4,557	871	19·1
Total (code groups)	12,608	2,452	19·4
Other routine inspections . . . . .	—	—	—

**Table III.—Return of all Exceptional Children in the Area.**

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for Training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind	7	2	9
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	3	2	5
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	—	1	1
		Attending Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	2	—	2
Deaf (including Deaf and Dumb and partially Deaf)	(i) Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf	10	15	25
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	(ii) Suitable for training in a School or Class for the partially Deaf	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
Mentally Defectives	Feeble-minded (cases not notifiable to the local Control Authority)	Attending Certified Schools for Mentally Defective Children	71	42	113
		Attending Public Elementary Schools	11	10	21
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Notified to the Local Control Authority during the year	Feeble-minded	3	3	6
		Imbeciles	2	1	3
		Idiots	1	1	2



			Boys.	Girls.	Total.
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	2	1	3
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
Physically Defectives	Suffering from epilepsy which is not severe	At no School or Institution	5	2	7
		Attending Public Elementary Schools	3	2	5
	(i) Infectious pulmonary and glandular tuberculosis	At no School or Institution	—	—	—
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	1	4
		At other Institutions	—	—	—
		At no School or Institution	3	2	5
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
	(ii) Non-infectious but active pulmonary and glandular tuberculosis	At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	1	3	4
		At other Institutions	—	—	—
		At no School or Institution	5	6	11
		At Certified Residential Open-air Schools	5	6	11
		At Certified Day Open-air Schools	—	—	—
	(iii) Delicate children (e.g. pre- or latent tuberculosis, mal-nutrition, debility, anæmia, etc.)	At Public Elementary Schools	682	616	1298
		At other institutions	—	—	—
		At no School or Institution	77	53	130
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	5	8
		At Public Elementary Schools	1	—	1
	(v) Crippled children (other than those with active tuberculous disease), e.g. children suffering from paralysis, etc., and including those with severe heart disease	At other Institutions	—	—	—
		At no School or Institution	—	—	—
		At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	4	3	7
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	65	45	110
		At other Institutions	—	—	—
		At no School or Institution	2	1	3

**Table IV.—Return of Defects treated during the Year ended 31st December, 1924.**

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V).

Defects or Disease.	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp . . .	5	—	5
Ringworm—Body . . .	—	—	—
Scabies . . . . .	—	—	—
Impetigo . . . . .	—	—	—
Other Skin Disease . . .	—	—	—
Minor Eye Defects— (External and other, but excluding cases falling in Group II.) . . . . .	—	—	—
Minor Ear Defects . . .	—	—	—
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.) . . . .	—	—	—
Total . . . . .	5	—	5

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defects or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioners or at hospital, apart from the Authority's Scheme	Otherwise.	Total.
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the Report) . . .	624	—	—	624
Other Defects or Disease of the eyes (excluding those recorded in Group I) . . .	—	—	—	—
Total . . . . .	624	—	—	624



Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	.	.	.	.	488
(b) Otherwise	.	.	.	.	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	.	.	.	.	488
(b) Otherwise	.	.	.	.	—

### GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of treatment	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
655	—	655	—	655

#### GROUP IV.—DENTAL DEFECTS.

(1, Number of Children who were :—

(a) Inspected by the Dentist at the following Clinics: *St. Albans, Hatfield, Waltham Cross, Watford, Stevenage, Hitchin, and Letchworth Dental Clinics (County Council).*

Routine Age Groups	.	.	.	.	Total	3,738
Specials . . . . .	.	.	.	.	.	794
						<hr/>
Grand Total	.	.	.	.	.	4,532

(b) Found to require treatment	.	.	.	.	.	2,992
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(c) Actually treated . . . . .	2,283
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(2) Half-days devoted to .	{ Inspection	23	} Total	335
	{ Treatment	312		

(3) Attendances made by children for treatment . . . .	3,688
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(4) Fillings	.	.	.	{ Permanent Teeth 581 }	Total	848
				{ Temporary Teeth 267 }		

(5) Extractions	.	.	{ Permanent Teeth 520 }	Total	4,511
			{ Temporary Teeth 3,991 }		

(6) Administration of general anæsthetics for Extraction . 588

(7) Other Operations	<table> <tr> <td>Permanent Teeth</td> <td>131</td> </tr> <tr> <td>Temporary Teeth</td> <td>81</td> </tr> </table>	Permanent Teeth	131	Temporary Teeth	81	Total	212
Permanent Teeth	131						
Temporary Teeth	81						

## (1) Number of Children who were :—

(a) Inspected by the Dentist at the <i>Harpenden Voluntary Dental Clinic.</i>						
Routine Age Groups	.	.	.	.	Total	246
Specials	.	.	.	.	.	71
Grand Total						317
(b) Found to require treatment						215
(c) Actually treated						131

(2) Half-days devoted to	{	Inspection	2	} Total	20
		Treatment	18		
(3) Attendances made by children for treatment	.	.	.	.	165
(4) Fillings	.	{	Permanent Teeth	33	} Total
	.		Temporary Teeth	1	
(5) Extractions	.	{	Permanent Teeth	35	} Total
	.		Temporary Teeth	213	
(6) Administration of general anæsthetics for Extractions	.				48
(7) Other operations.	.	{	Permanent Teeth	8	} Total
	.		Temporary Teeth	8	

## (1) Number of Children who were :—

(a) Inspected by the Dentist at the <i>Welwyn Voluntary Dental Clinic.</i>						
Routine Age Group	.	.	.	.	Total	151
Specials	.	.	.	.	.	20
Grand Total						171
(b) Found to require treatment						95
(c) Actually treated						73

(2) Half-days devoted to	{	Inspection	1	} Total	13
		Treatment	12		
(3) Attendances made by children for treatment	.	.	.	.	102
(4) Fillings	.	{	Permanent Teeth	8	} Total
	.		Temporary Teeth	1	
(5) Extractions	.	{	Permanent Teeth	60	} Total
	.		Temporary Teeth	165	
(6) Administration of general anæsthetics for Extractions	.				83
(7) Other Operations	.	{	Permanent Teeth	12	} Total
	.		Temporary Teeth	1	

## (1) Number of children who were :—

(a) Inspected by the Dentist at the <i>Welwyn Garden City Voluntary Dental Clinic.</i>						
Routine Age Groups	.	.	.	.	Total	144
Specials	.	.	.	.	.	—
Grand Total						144
(b) Found to require treatment						128
(c) Actually treated						106



(2) Half-days devoted to .	{ Inspection Treatment	<sup>4</sup> 23	Total	27
(3) Attendances made by children for treatment .				220
(4) Fillings . . . . .	{ Permanent Teeth Temporary Teeth	83 60	Total	143
(5) Extractions . . . . .	{ Permanent Teeth Temporary Teeth	5 75	Total	80
(6) Administration of general anæsthetics for Extractions .				—
(7) Other operations. . . . .	{ Permanent Teeth Temporary Teeth		Total	80
(1) Number of children who were :—				
(a) Inspected by the Dentist at the <i>Hertford Schools</i> .				
Routine Age Groups . . . . .			Total	811
Specials . . . . .				—
Grand Total. . . . .				811
(b) Found to require treatment . . . . .				549
Urgent cases . . . . .				148

Number of children inspected in following districts :—

Letchworth .	Number of children inspected .	1,152
	Found to require treatment .	672
Royston .	Number of children inspected .	400
	Found to require treatment .	245
Hertford .	Number of children inspected .	918
	Found to require treatment .	625
	Total number inspected .	2,470
	Found to require treatment .	1,542

#### GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse . . . . .	12
(ii) Total number of examinations of children in the Schools by School Nurse (includes examinations and re- examinations) . . . . .	191,840
(iii) Number of individual children found verminous . . . . .	1,454
(iv) Number of individual children found unclean. . . . .	2,679
(v) Number of children cleansed under arrangements made by the Local Education Authority . . . . .	2,253
(vi) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 . . . . .	<i>Nil</i>
(b) Under School Attendance Bye-laws . . . . .	<i>Nil</i>







